
REFERENCE: WIC PROCEDURAL MANUAL

REFERENCE: Electronic WIC Procedure Manual

<http://apps.sd.gov/applications/ph01icds/ph01icdsnet/index.aspx>

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NUTRITION EDUCATION PLAN

GOAL: To improve the health and well-being of each participant through quality nutrition education and utilization of appropriate supplemental foods.

A. Direct Patient Services

Objective:

To make Nutrition staff counseling services available to all participants for follow-up nutrition counseling as defined by policy.

Implementation:

Each WIC client will have the opportunity to receive at least two nutrition education counseling sessions during a certification period. All clients will receive nutrition education during certification. Dietitians will be made available to counsel all high risk clients as defined by policy. Follow-up nutrition counseling will be done by nutrition educators or dietitians.

B. Individual Nutrition Education

Objective:

To encourage Local Agencies to appropriately individualize nutrition education for each participant based on his/her needs.

Implementation:

Local Agencies will receive 1) guidelines on and training to identify nutritional risk factors 2) training on nutrition counseling techniques 3) current nutrition information 4) recommendations on use of handouts during counseling.

Local Agencies will be encouraged to set up group nutrition education sessions for specialized groups as appropriate. All pregnant and breastfeeding women will receive information, encouragement and assistance to breastfeed, unless contraindicated for health reasons.

All women will be encouraged to know their HIV status. All women will be educated about the contraindication of Breastfeeding if HIV positive.

All women will receive substance abuse information.

C. Food Package Tailoring

Objective:

To tailor each participant's food package according to his/her individual need and to expand the kinds of medical nutritional products available to high risk clients.

Implementation:

The State Office will provide guidelines for tailoring food packages including tailoring for the homeless and migrants. Nutrition staff will conduct ongoing training for the Local Agencies in the use of these guidelines:

D. Local Agency Plans

Objective:

To have an appropriate yearly nutrition education and marketing plan developed for, and in consultation with, each Local Agency, to be implemented January 1 of each year, and to be evaluated and adjusted as necessary each year.

Implementation:

A Nutrition Education and Marketing Plan Committee consisting of State Office staff and Nutrition and Nursing staff representatives from each region of the state, will coordinate with the State Office to complete a statewide Nutrition Education and Marketing Plan each year. The Local Agencies will adapt the Statewide Plan based on their needs assessment.

The Statewide and Local Agency plans consist of goals, a joint strategy and action steps to accomplish the goals that will be developed based on statewide and local needs assessment using national, regional, **state** and local data, and data obtained through the annual participant survey. The Local Agencies review statewide and local needs assessment, goals and actions steps, and demographic information completed at their agency to develop their yearly Nutrition Education and Marketing Plan.

Local Agencies must develop a minimum of 3 goals including: Nutrition, Breastfeeding, and Marketing. Local Agencies may choose to use the statewide goals, or develop their own goals to meet specific Local Agency needs. Action steps are then chosen or adapted from state provided action steps, or Local Agencies can develop their own steps to assist in meeting selected goals. Local Agencies will then choose from topics based on local agency needs developed by State Office and the Nutrition and Marketing Committee, or develop topics and select corresponding supplemental educational materials to help meet the Local Agency's goals.

Local Agencies will complete their Nutrition Education and Marketing Plan Calendars and submit with the rest of the Nutrition Education and Marketing Plan to the State Office. The State Office will review plans and evaluations for approval. Each year goals and actions steps are evaluated for progress, and adjustments to goals and action steps can be made as needed.

E. Participant Evaluation of Nutrition Education

Objective:

To elicit and learn from participant's opinions of the quality of nutrition education received.

Implementation:

Local Agencies will administer a questionnaire developed by the State Office to randomly selected participants in each Local Agency yearly. Results will be shared with the appropriate Local Agency, Nutrition staff and State Office so that Nutrition education is the most appropriate and beneficial for participants.

F. Nutritional Monitoring

Objective:

To monitor each Local Agency's nutrition component and each Nutritionists' counseling/documentation annually.

Implementation:

Participant charts from each Local Agency will be evaluated biannually. All staff will have biannual reviews of certification, counseling and/or documentation. A State Office team will conduct an on-site management evaluation review of each Local Agency biannually.

G. Nutrition Policies

Objective:

To establish nutrition-related policies as needed.

Implementation:

As policy needs are identified, the State Office will develop and disseminate the appropriate policies to Local Agencies for inclusion in their policy and procedure manual.

H. Educational Materials

Objective:

To ensure that quality materials and resources are available for use by the Nutrition staff and Local Agencies.

1. Nutrition Education Materials Committee

a. Background

The Nutrition Services Program has a Nutrition Education Materials Committee. The purpose of the Committee is to insure that accurate, high quality, and consistent materials are used throughout the state whenever Nutrition Services are provided by Health Department personnel. The South Dakota WIC Program only uses materials that have been reviewed and approved by this Committee. Other programs are also using this process for approval of materials, especially when joint program funds are used for purchasing of items, such as MCH and Health Education and Promotion.

b. Process

The Committee has representatives with varying degrees of experience and expertise. Most of the review work is done independently, meetings are held as needed. All materials are reviewed by at least two committee members and final approval is given by the total committee. The formal evaluation of print material consists of diverse criteria including accuracy, stereotyping, format and readability. Reading level is determined by the SMOG readability formula. The number of polysyllable words are counted and compared to a conversion chart to determine the grade level of the material. The Committee tries to obtain materials written at the 8th grade level or below.

The review of audiovisual materials continues. This formal review involves a similar process.

Staff statewide sends the committee materials for review. Topic areas where materials are needed are also identified.

Implementation:

Using information gathered from the participant surveys and evaluation of nutrition education and marketing plans and requests from the Local Agency staff or Nutritionists, the State Agency staff will determine the area where materials are needed and develop and/or provide as necessary. The Nutrition Education Materials Committee will continue to review the materials used for counseling and nutrition education of participants by the Local Agency competent professional authority and nutrition staff. An updated list of materials appropriate for nutrition education will be provided to Local Agencies and Nutrition staff.

The State Office will continue to offer technical assistance in providing appropriate and culturally sensitive nutrition education to the minority populations in South Dakota, including but not limited to Native Americans and Spanish speaking migrant populations. Indian WIC agencies, State WIC Programs and Migrant/Immigration Agencies who are effectively reaching out to these populations will be contacted for updating our current knowledge and materials.

I. Substance Abuse

Objective:

To establish criteria on substance abuse information and referral.

1. Certification

- a. Women may be certified for WIC based upon their use of substance abuse during pregnancy or as a post-partum woman. Substance abuse includes the following:

1.) Alcohol and Illegal Drug Use (372) – Pregnant, Breastfeeding, and Postpartum Women

For Pregnant Women as self reported by applicant/participant/caregiver:

- Any alcohol use
- Any illegal drug use

For Breastfeeding* and Postpartum Women as self reported by applicant/participant/caregiver:

- Current use of ≥ 2 drinks per day on 4 or more days per week. A serving or standard sized drink is: 1 can of beer (12 fluid oz.); 5 oz. Wine; and 1 $\frac{1}{2}$ fluid ounces liquor (1 jigger gin, rum, vodka, whiskey (86-proof), vermouth, cordials or liqueurs), or
- Binge Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days; or
- Heavy Drinking, i.e., drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days; or
- Any illegal drug use

*Breastfeeding is contraindicated for women with these conditions.

2.) Smoking, Maternal (371) – Pregnant and Breastfeeding Women

Any daily smoking of tobacco products, i.e., cigarettes, pipes, or cigars. Does not include smokeless tobacco.

- b. Other associated health risks includes the following:

1.) Fetal Alcohol Syndrome (382) – Infants and Children

Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities, and abnormalities of the central nervous system, including mental retardation.

Presence of FAS diagnosed by a physician as self reported by applicant/participant/caregiver.

2. Nutrition Education

- a. Nutrition goals are established and a care plan developed with the participant after discussing participant's needs, ability and willingness to implement suggestions in an attempt to improve the nutrition risk condition and behavior modifications.
 - b. Nutrition staff provides nutrition counseling to high-risk women with follow-up as deemed necessary. Counseling is limited to behavioral issues and suggestions. Guidelines are provided to staff for counseling women according to the nutritional risk exhibited as to the dangers of alcohol, drugs and tobacco use to their unborn baby or future baby.
- 3. Information and Referral
 - a. Health Professionals refer participants to drug and alcohol professionals for in-depth counseling and other resources/services when available. However, counseling services and treatment services are limited in the state at this time. All women are given information/materials on drug abuse.
 - b. Any form of child abuse including prenatal exposure to abusive use of alcohol (Fetal alcohol syndrome, FAS), or any controlled drug or substance not lawfully prescribed by a practitioner is reportable. Nursing Staff are required by South Dakota Law 26-8A.3 to report child abuse or neglected child.
 - c. The Tobacco program has been moved to the Department of Health. The Department is in the process of reviewing materials and services that are available to educate the public about the problems surrounding use of tobacco, which would include during pregnancy, breastfeeding and the effects of second hand smoke on members of a household where tobacco is used.

VENA and Risk Revision 8 Implementation Plan

Objective:

To complete VENA Self-Evaluation to assist with determining strengths and weaknesses in current process and to assist with priority for VENA based changes.

Action Steps:

- Utilize VENA Committee to assist with Self-Evaluation to get Local Agency and State Agency perspective.
- Completed and addressed all areas of the federally provided Self-Evaluation format after reviewing VENA Committee and State WIC Staff comments and after thorough review of current processes.

Timeline:

- Self-Evaluation was completed and sent in to Regional Office in December 2006.

Objectives:

- To develop a comprehensive Nutrition and Health Assessment Questionnaire to enhance current methods of nutrition assessment.
- Develop an assessment process that provides a positive and interactive experience for the applicants.
- Format assessment to assist with cuing staff to look for interrelationships between risks and providing appropriate referrals and education.

Actions Steps:

- Formed a VENA Committee made up of local Agency nurses and dietitians and State staff to assist with development and piloting of new Nutrition and Health Assessment Questionnaire. Began meeting in July 2006.
- Reviewed other states Nutrition Assessment forms and discussed with other Mt. Plains States. Reviewed VENA guidance on questionnaire development.
- Reviewed current process to determine strengths and weaknesses and compare to what needs to be gathered for Risk Revision 8.
- Began drafting format based on research and needs.
- Utilized Committee to review and tweak form.
- Utilized Committee to pilot forms May-July 2007.
- Plan meeting with committee in June and July to tweak forms based on feedback, ease of use, participant involvement.
- Finalize form and send to Central Duplication to have forms printed and sent to Local Agencies to begin use on October 2007.

Timeline:

- Committee began working on forms in October 2006.
- Piloting forms May-July 2007.
- Finalize forms by August/September 2007 and send to printer.
- Fully implement new Nutrition and Health Assessment forms by October 1, 2007.

Objective:

- Introduce staff to VENA Philosophy with general VENA Training to gain staff buy-in, ease transition into changes and to promote VENA as a positive enhancement to program.

Action Steps:

- Conduct update on VENA and Risk Revision 8 during 2005 and 2006 Nutrition Staff Update.
- Include VENA Update in May/June 2006 Nutrition Notables in WIC Talks- a training tool that includes policy and procedure Q and A put together every 2 months for staff.
- Discussed positives of VENA philosophy and upcoming changes during Management Evaluation in 2005- Current.
- Conducted VENA introduction trainings at Regional Meetings throughout 2006 for all Local Agency staff.
- Conducted update on VENA and Risk Revision 8 for Nurses on June 2007.

Timeline:

- Introductory training and updates conducted from 2005- June 2007.

Objective:

- Work with BIT to make needed changes to computer system to implement Risk Revision 8 and update risk code reports.

Action Steps:

- Reviewed current system and reports to determine what changes need to be made to implement Risk Revision 8 and created change report for BIT.
 - Changes included updating nutrition risk reports with new 400 series of nutrition risk codes and updating titles. Updating risk code menu on computer to match updated risk codes.
- Met with BIT to discuss needed changes in April 2007.
- Plan meeting with BIT to discuss changes prior to implementation- Aug/September 2007.

Objective:

- Update all WIC Policy and Procedure related to the VENA to support the full implementation of the VENA process.

Action Steps:

- Update Priority/Nutrition Risk, and Assessment Policies by October 2007.
- Update Management Evaluation Policy by January 2008.

Objective:

- Conduct VENA and Risk Revision 8 Staff training prior to implementation to assure staff competencies to conduct VENA-based assessment, to appropriately assign new risk codes, and to train on key competency areas including building rapport, critical thinking, using participatory approach and positive health outcomes during assessment and counseling.

Action Steps:

- Conduct training for all Health Professionals in September 2007
- Provide self-study training for Clerical staff in September 2007
- Provide Q and A session for all staff in early winter 2007/08.

Objectives:

- Determine staff competencies and training needs for Health Professionals conducting assessment and nutrition counseling.

Action Steps:

- Conduct informal survey of VENA Committee to determine training needs based on new form development and Risk Revision 8 changes in 2008.
- Conduct Training Needs Assessment in 2008 for all Health Professional Staff.
- Review during Management Evaluations- chart reviews, site visits and during observations in 2008.

Objective:

- To develop tools/training for WIC staff responsible for each part of the nutrition assessment process.

Action Steps:

- Develop risk assignment tools in policy for daily use and staff training by October 2007.
- Develop assessment and counseling guides/tool for staff training and use completed by January 2008.
- Update management evaluation process to reflect VENA changes completed by January 2008.

Objective:

- Provide continuing education and training in areas of key competencies.

Action Steps:

- Request training funds for emotion-based counseling or other participatory counseling/assessment approach training for 2008.
- Continue to request funds for Intensive Maternal Nutrition Course and/or infant nutrition training.
- Continue to provide annual Nutrition Staff Update
- Provide feeding relationship train-the-trainer training in 2008.

- Develop orientation training including VENA concepts to be included in WIC Electronic Manual- 2008.